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PRESS RELEASE

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Maryland Woman Indicted For Health Care Fraud, Other Charges After Investigation Into Billing Practices - Some Clients Purportedly Got More Than 24 Hours of Therapy in a Single Day -

WASHINGTON - Jacqueline Wheeler, 54, a health care provider who did business in the District of Columbia, was indicted today by a federal grand jury and charged with one count of health care fraud and 39 counts of false statements in a health care matter.

The indictment was announced by U.S. Attorney Ronald C. Machen Jr., James W. McJunkin, Assistant Director in Charge of the FBI's Washington Field Office, Daniel R. Levinson, Inspector General of the U.S. Department of Health and Human Services, and Charles J. Willoughby, Inspector General for the District of Columbia.

The grand jury returned the indictment in the U.S. District Court for the District of Columbia. Wheeler, of Chevy Chase, Md., faces a maximum sentence of 10 years in prison and a \$250,000 fine. Under the advisory federal sentencing guidelines, the likely range of imprisonment, if convicted, is 51 to 63 months.

According to the indictment, Wheeler was the Chief Executive Officer of the Health Advocacy Center, Inc., in the 900 block of Sheridan Street NW, Washington, D.C. She was also the owner of Sheridan Rehabilitative and Wellness Centers, Inc. a private company, which was located at the same Sheridan Street address.

The Health Advocacy Center was purportedly engaged in serving as an advocate for improved health care delivery to the community. It also provided management support, as well as financial advice and assistance to other health care providers. It was a registered District of Columbia Medicaid provider.

Sheridan was purportedly engaged in providing rehabilitative services to the mentally and physically disabled community. It also purportedly provided housing to mentally and physically challenged individuals. Sheridan was not an authorized D.C. Medicaid provider.

Wheeler was a registered naturopath with the District of Columbia Department of Health, Health Professional Licensing Administration. However, she was not a medical doctor and was not licensed to practice medicine. Wheeler did work with a licensed medical doctor, who was part owner of the Health Advocacy Center. This doctor's specialty was physical medicine and rehabilitation.

Because Sheridan was not authorized as a D.C. Medicaid provider, it was unable to submit bills to D.C. Medicaid. From on or about January 2006 through on or about April 2008, Wheeler prepared and submitted all of the billing for the Health Advocacy Center, and handled all financial matters for both the Health Advocacy Center and Sheridan.

During that time period, she submitted or caused the submission of approximately 603 claims to D.C. Medicaid for manual therapy services that the Health Advocacy Center purportedly provided to approximately 22 District of Columbia Medicaid beneficiaries. In these claims, she maintained that the Health Advocacy Center provided in excess of 20 continuous hours of manual therapy for each patient in a single 24-hour period, and sought approximately \$6.2 million from D.C. Medicaid for manual therapy services.

In performing therapeutic procedures such as manual therapy, the health care provider is required to bill in 15-minute intervals or units. There are only 1,440 minutes in a day. However, Wheeler routinely billed and/or caused D.C. Medicaid to be billed from 1,440 of continuous minutes of manual therapy for a single patient in a 24-hour day, to as many as 2,910 continuous minutes (or 48.5 hours) of manual therapy for a single patient in a 24-hour period.

D.C. Medicaid paid the Health Advocacy Center in excess of \$2.5 million for manual therapy services that were purportedly provided to the patients. The payments were deposited in bank accounts controlled by Wheeler.

After D.C. Medicaid paid the Health Advocacy Center for the fraudulent claims, Wheeler diverted the proceeds of the fraud for her personal use and benefit, including the purchase of real estate in Florida, North Carolina and the District of Columbia.

The investigation is ongoing.

An indictment is merely a formal charge that a defendant has committed a violation of criminal laws and is not evidence of guilt. Every defendant is presumed innocent until, and unless, proven guilty.

The case is being prosecuted by the United States Attorney's Office for the District of Columbia and was investigated by the FBI's Washington Field Office (Health Care Fraud Squad), Office of the Inspector General of the U.S. Department of Health and Human Services, and the D.C. Office of the Inspector General's Medicaid Fraud Control Unit.